

DENALI TRAINING FUND

Grant Application

Organization:

Mailing Address:

Contact Person:

Telephone/Fax Numbers:

E-mail Address:

Business License/IRS ID#:

Application Summary:

Briefly describe the project:

Performance Period:

Proposed start and end date of project

Amount of Funds Requested:

Total amount requested from the Denali Training Fund

Grantee Contribution:

Total grantee contribution as supported in budget

Total Project Cost:

Total amount requested plus grantee contribution

Number of Participants:

Average Cost per Participants:

Total project cost divided by number of participants

Certification:

I have reviewed and understand the terms, conditions, and requirements of the Alaska Department of Labor and Workforce Development, Division of Business Partnerships and the Denali Commission, and agree to meet all State and Federal requirements set forth in the Request for Grant Applications (RGA) and the Grant Agreement if selected for funding. I certify that all information contained in this application and any attachments is true and correct. I understand and acknowledge that falsification of information may be cause for application disqualification and/or award revocation. I further certify that the information provided in this grant application will remain in effect for up to 90 days following the date of this certification.

Authorized Signature

Date

Printed Name and Official Title

Please complete the application below providing the information requested by filling in the gray boxes. The amount of space for each question is limited. Answers should be concise and to the point. Answer each question and if a question is not applicable explain why.

PROJECT DESCRIPTION

Answer either A or B to qualify for the Denali Training Fund program.

A. Identify the specific Denali Commission project(s) this training proposal will support.

OR

B. Identify the public infrastructure project this training proposal will support.

1. Describe your training project.
2. Identify the contractor, contact person and contact information for the project identified above. Explain how the persons trained will be assured a job after training.
3. Describe the linkage between trainee and employer. In other words, how will an employer find the participants once they are trained or certified? How will participants find employers/jobs once they are trained or certified?
4. List the local, regional, or statewide entities with whom the applying organization coordinated with in respect to recruiting, facilitating, and hiring participants. What is their affiliation to this project?
5. List the targeted communities.

6. Briefly describe the specific training and the timeline through which the training will be provided. Complete Attachment 1: Proposed Training Plan.

PERFORMANCE OUTCOMES

1. Describe the performance outcomes of the training to be provided. Complete Attachment 2: Performance Outcomes using a separate line for each training, session, group, etc.
2. Describe how the performance outcomes will be measured and documented.
3. List the jobs that are available to participants after completion of the training program. Complete Attachment 3: Employment Certification to certify the employment opportunities by providing letters from employers.

PROJECT SUSTAINABILITY

1. Describe plans and any agreements for continuing the project after the end of the grant.
2. What are the expected sources and amount of continued support?

ORGANIZATION QUALIFICATIONS

1. List the organization's strengths to deliver this training project on time and on budget. Include management experience, capacity, and administration support.
2. List all prior year awards received from the Alaska Department of Labor and Workforce Development or the Denali Commission.

3. Provide a success story from a previous Alaska Department of Labor and Workforce Development or the Denali Commission award, if applicable.
4. Provide the name and contact information for the person responsible for the oversight and management of this project. Attach a condensed resume (1 page) marked as exhibit A.
5. Provide the name and contact information for the person responsible for the financial reporting for this project. Attach a condensed resume (1 page) marked as exhibit B.
6. Provide the name and contact information for the person responsible for the grant reporting for this project. Attach a condensed resume (1 page) marked as exhibit C.
7. Describe any pending or unresolved litigation or formal grievance that could impact the applicant's ability to carry out the proposed services.

PROJECT BUDGET

Complete and attach the Budget Workbook following this section of the grant application. Provide a narrative for each worksheet of your budget as directed below. All funds requested must relate directly to the cost of training participants.

1. **Personal Services:** Describe how the personal services costs in the Budget are necessary to complete the project. Review the instructions on the Personal Services Budget worksheet for details.
2. **Travel:** Describe how the travel costs in the Budget are necessary to complete the project. Review the instructions on the Travel Budget worksheet for details.
3. **Contractual:** Describe how the contractual costs in the Budget are necessary to complete the project. Review the instructions on the Contractual Budget worksheet for details.

4. **Supplies:** Describe how supplies costs in the Budget are necessary to complete the project. Review the instructions on the Supplies Budget worksheet for details.
5. **Equipment:** Describe how the equipment costs in the Budget are necessary to complete the project. Review the instructions on the Equipment Budget worksheet for details.
6. **Sub-Grants:** List all sub-grants in the Budget and describe how they are necessary to complete the project. Describe why the applicant organization is not capable of providing the services provided by the sub-grant. Review the instructions on the Sub-Grant Budget worksheet for details.
7. **Administration:** Describe how the administration costs in the Budget are necessary to complete the project. Review the instructions on the Administration Budget worksheet for details.
8. **Grantee Contribution:** Describe all other contributions associated with this training project and are how they are necessary to complete the project.

ATTACHMENT 1: PROPOSED TRAINING PLAN

	Type of Training	# of Training Days	Time Frame of Training	# of Participants	Certification	Trainer/Instructor Attach Resume
1						
2						
3						
4						
5						
6						
7						

	Type of Training	# of Training Days	Time Frame of Training	# of Participants	Certification	Trainer/Instructor Attach Resume
8						
9						
10						
11						
12						
13						

ATTACHMENT 2: PERFORMANCE OUTCOMES

	Type of Training	Certification	# of Participants	Projected Outcome from Training	Jobs Available/Employer
1					
2					
3					
4					
5					
6					
7					

	Type of Training	Certification	# of Participants	Projected Outcome from Training	Jobs Available/Employer
8					
9					
10					
11					
12					
13					

Attachment 3: Employment Certification

Provide letters from employers that certify employment for participants upon completion of the training projects. Number each letter.

☐ Describe attached Employment Certification:

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☐ Describe attached Employment Certification:

☐ Describe attached Employment Certification:

☐ Describe attached Employment Certification:

☐ Describe attached Employment Certification:

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